

PART B - FEE(S) TRANSMITTAL

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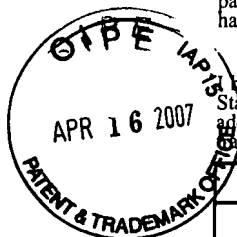
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25901 7590 01/24/2007

ERNEST D. BUFF
 ERNEST D. BUFF AND ASSOCIATES, LLC.
 231 SOMERVILLE ROAD
 BEDMINSTER, NJ 07921

04/17/2007 SSITHIB2 00000004 10649604

01 FC:2501 700.00 OP
 02 FC:1504 300.00 OP



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Ernest D. Buff (Depositor's name)
 Ernest D. Buff (Signature)
 April 12, 2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/649,604

08/28/2003

Marni M. Hurwitz

0200-44 (A8650)

5280

TITLE OF INVENTION: MARINE CRAFT AND APPARATUS INCLUDING ELECTROLUMINESCENT AUXILIARY ILLUMINATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$700

\$300

\$0

\$1000

04/24/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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SAWHNEY, HARGOBIND S

2875

362-084000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Ernest D. Buff & Associates LLC
 2. Ernest D. Buff
 3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies

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☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date

Typed or printed name

Registration No.

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